

TOWN OF SOUTHAMPTON

Department of Land Management  
Building and Zoning Division  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

Phone: (631) 287-5700  
Fax: (631) 287-5754



ANNA THRONE-HOLST  
TOWN SUPERVISOR

KYLE P. COLLINS, AICP  
TOWN PLANNING AND  
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA  
CHIEF BUILDING INSPECTOR

**EXTENSION LETTER REQUEST**  
**(\$25.00)**

Date: \_\_\_\_\_

Building Permit or Electrical # \_\_\_\_\_ Please Check One ☐ First Request

Owner: \_\_\_\_\_  
(Please Print) ☐ Second Request

Address: \_\_\_\_\_  
(Please Print)

Tax Map Number: \_\_\_\_\_

I hereby request a 90 day extension for the above permit.

\_\_\_\_\_  
Applicant's Signature

**For Official Use Only**



Please Check One:

☐ Approved

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Approved by: \_\_\_\_\_

☐ Disapproved

**For Cashier's Use:**  
☐ Cash ☐ Check ☐ Money Order



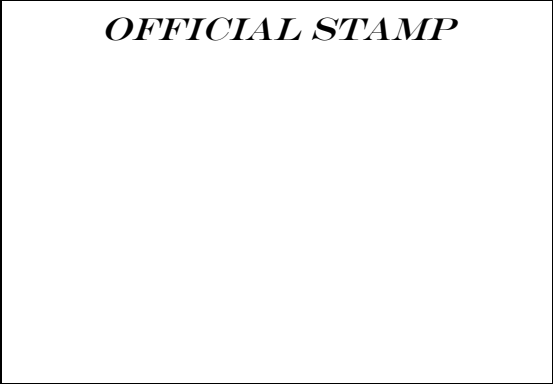
Building Permit or Electrical # \_\_\_\_\_ has been

☐ Approved ☐ Disapproved

☐ First Request *New Expiration date* \_\_\_\_\_

☐ Second Request *New Expiration date* \_\_\_\_\_

Approved by \_\_\_\_\_



*\*\*This receipt must be stamped approved and signed by an Authorized Official\*\**